U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	Fi H	or Official Use-Only  Rec of State of S
--	---------	--

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 /

2004 Through: 12 / 31 /

3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Dean L Dornack	Name U.A. Local #6			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 6375			
Street 420 19th St. S.W.	Street			
City Rochester	City Rochester			
State Minnesota ZIP Code + 4 55902	State Minnesota ZIP Code + 4 55903			
5. Position in labor organization. Business Manager/Financial Se	C. The state of th			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Greg Nesler	Pheasant Hunting			
Trade Name, if any: Rochester Plumbing & Heating				
P.O. Box, Bldg., Room No., if any P.O. Box 7125	The American			
Street 2728 7th St. N.W.	7.b. Amount.			
City Rochester	\$500			
State Minnesota ZIP Code + 4 55903				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Man I dan I dan				
Signed <u>WWW I W WWW ARR</u>	On 8/3/2005 507-282-4002  Date Telephone Number			
Form I M-30 (2003)				

Name of Person Filing Dean Dornack	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name Putnam Investments  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One Post Office Square  City Boston  State Massachusetts  ZIP Code + 4 02109	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Plumbers & Steamfitters Local #6 Pension  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 6375	11.a. Nature of such dealing.  Fund Manager				
Street  City Rochester  State Minnesota ZIP Code + 4 55903	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Golf Outing				
	12.b. Amount. \$100				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  Registration for UAC (Union Affilliated				
Name Steve Petterson	Contractors) Education Meetings				
Trade Name, if any: MMCA  P.O. Box, Bldg., Room No., if any  Street 830 Transfer Road, Suite 1A  City St. Paul  State Minnesota ZIP Code + 4 55114					
13.b. Is the Business an Employer or Consultant 🔀 ?	14.b. Amount of payment. \$625				

Name	of	Person	Filing	Dean	Dornack

File Number U-

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Local #6 Jiont Apprenticeship Committee	Graduating Aapprentices Banquet Dinner				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any P.O. Box 6375					
Street					
City Rochester					
State Minnesota ZIP Code + 4 55903	The state of the s				
13.b. Is the Business an Employer 📝 or Consultant 🧵 ?	14.b. Amount of payment. \$50				
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Transactions detailed in this form represent my good faith effort to reconstruct reportable transactions for the period from 1/1/04 to 12/31/04. Complete records of reportable transactions were not kept for that period, and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there are transactions that should have been reported, I will promptly file an amended Form LM-30.

Dean Dornack

Business Manager/Finacial Secretary